



The Regulation and
Quality Improvement
Authority

Magee Dental Care
RQIA ID: 11577
18 - 24 William Street
Lurgan
Craigavon
BT66 6JA

Inspector: Emily Campbell
Inspection ID: IN021391

Tel: 028 3832 2441

**Announced Care Inspection
of
Magee Dental Care**

21 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 21 July 2015 from 10.00 to 13.40. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. Issues were identified in relation to periodic tests of the DAC universal and summarising the findings of patient consultation surveys. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 21 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with Mr Nigel Magee, registered person, and Mrs Jayne Magee, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Nigel Magee	Registered Manager: Mr Nigel Magee
Person in Charge of the Practice at the Time of Inspection: Mr Nigel Magee	Date Manager Registered: 7 October 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 6

3. Inspection Focus

The inspection sought to assess progress with the issue raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mr Magee, registered person, the practice manager, two associate dentists, four dental nurses and two reception/administration staff. The inspection was facilitated by Mrs Jayne Magee, practice manager

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 21 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 21 August 2014

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (3) Stated: First time	Dental handpieces should be decontaminated in line with the manufacturer's instructions and any handpieces which are compatible with an automated validated process should be decontaminated using this process Action taken as confirmed during the inspection: Mrs Magee confirmed that dental handpieces were processed using a washer disinfector following the previous inspection. Dental handpieces are now decontaminated using a DAC Universal which has recently been commissioned.	Met

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Observation and discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

A medical emergency occurred during the inspection. The inspector observed this was managed effectively, efficiently and compassionately by staff. Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices and observation of staff demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion and observation, staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Recruitment and Selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received;
- two written references in one file. Mrs Magee advised that references were taken in respect of the second staff member, however these were not retained;
- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A criminal conviction declaration had not been obtained in either file reviewed; however, Mrs Magee has made arrangements for this to be included in respect of any new staff recruited.

Records of information pertaining to enhanced AccessNI checks are retained in keeping with the AccessNI's code of practice and all staff recruited since registration have had checks carried out. Review of these records evidenced that the check in respect of one staff member recruited since registration was not received prior to their commencement of employment.

A staff register was developed, during the inspection, containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable. Mrs Magee is aware this is a live document which should be kept updated.

Mrs Magee confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection, recruitment and selection procedures were found to be generally safe.

Is Care Effective?

The dental service's recruitment and selection procedures generally comply with relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed written references should be retained and criminal conviction declarations obtained.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. Mrs Magee advised that she did not retain completed induction records. Mrs Magee provided assurances that these would be retained in future.

Discussion with nursing and administrative staff confirmed that they had been provided with a job description, contract of employment and have received induction training when they commenced work in the practice. Mrs Magee advised that the practice is in the process of agreeing contracts of agreement with self-employed staff and this was confirmed by an associate dentist spoken with.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection recruitment and selection procedures were generally found to be effective.

Is Care Compassionate?

As discussed recruitment and selection procedures need further development to ensure they are in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed previously one check was received after the identified staff member commenced work in the practice. Mrs Magee is aware that checks must be received prior to any new staff commencing work in the practice.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to new staff being recruited.

Two written references and a criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files.

Completed induction records should be retained in staff personnel files.

Number of Requirements:	1	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Magee, registered person, the practice manager, two associate dentists, four dental nurses and two reception/administration staff. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Fifteen were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that directly employed staff were provided with a job description and contract of employment on commencing work in the practice. As discussed previously self-employed staff, do not yet have contracts of agreement, however, this is currently being established. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

One staff member who submitted a questionnaire provided the following comment:

- “I am not long employed at Magee Dental Care but find the level of care excellent and the service provided very professional.”

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to

the practice for completion. A copy of the patient satisfaction questionnaire was submitted to RQIA prior to the inspection.

Mrs Magee confirmed that a patient satisfaction survey is carried out on an annual basis and any issues of concern or proposed improvement identified are discussed, generally at staff meetings, and actions taken to improve where possible. Whilst discussion with Mrs Magee and review of the patient satisfaction questionnaire confirmed that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided, the findings of the questionnaire responses are not collated to provide a summary report, which is made available to patients.

5.5.4 Decontamination Equipment

As discussed previously, dental handpieces are now decontaminated using a DAC Universal. Review of the DAC Universal logbook evidenced that the periodic tests for a washer disinfector are undertaken and recorded. As a DAC Universal fulfils the functions of both a washer disinfector and a steriliser the periodic tests for a steriliser as outlined in HTM 01-05 should also be undertaken and recorded.

Areas for Improvement

The findings of the annual patient satisfaction survey should be collated to provide a summary report, which is made available to patients.

The periodic tests for a steriliser as outlined in HTM 01-05 should be undertaken and recorded for the DAC Universal

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Nigel Magee, registered person and Mrs Jayne Magee, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 21 July 2015	<p>The registered person must ensure that enhanced AccessNI checks must be undertaken and received prior to new staff commencing employment.</p> <p>Response by Registered Person Detailing the Actions Taken: Agreed and implemented</p>
Recommendations	
Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 21 July 2015	<p>It is recommended that:</p> <ul style="list-style-type: none"> • Two written references, one of which should be from the current/most recent employer, and a criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files. • Completed induction records should be retained in staff personnel files. <p>Response by Registered Person Detailing the Actions Taken: Agreed and implemented</p>
Recommendation 2 Ref: Standard 9.4 Stated: First time To be Completed by: 21 October 2015	<p>It is recommended that the findings of the annual patient satisfaction survey should be collated to provide a summary report, which is made available to patients.</p> <p>Response by Registered Person Detailing the Actions Taken: Agreed to do within timescale</p>
Recommendation 3 Ref: Standard 13 Stated: First time To be Completed by: 28 July 2015	<p>It is recommended that the periodic tests for a steriliser as outlined in HTM 01-05 should be undertaken and recorded in the DAC Universal logbook.</p> <p>Response by Registered Person Detailing the Actions Taken: Agreed and implemented</p>

Registered Manager Completing QIP	Nigel Magee	Date Completed	10/8/2015
Registered Person Approving QIP	Nigel Magee	Date Approved	10/8/2015
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	11.8.15

Please ensure the QIP is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address